

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3		/				
4	/					
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	41					
TOTAL DEP.	25					
TOTAL CLAIMS	29					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						